

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32108

FILED NOV 8 1948
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1151

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1901 Elwood St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lulu Pearl Shaver

3. (b) If veteran, No
name war

3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles P. Shaver
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased December 3 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 25
If less than one day hr. min.

9. Birthplace Edgerton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name Jack Stone

13. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hathaway

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles P. Shaver

(b) Address St. Joseph, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof 11/1/48
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 11-1-48 (b) G. B. Perkins
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 Elwood St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1948 hour 11 minute 59 P.M.

21. I hereby certify that I attended the deceased from July 13, 1948, to Oct. 28, 1948
that I last saw her alive on Oct. 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis pulmonary 9 yrs.
(Direct)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. T. Bowman (M. D., or other)

Address 1218 N. 30, St. Joseph Date signed 10/30/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.